

Family Care Plan (FCP) Package

Reference: MCO 1740.13A

- » Important Documents / Identification Cards
- » Family Care Plan Assistance Checklist
- » Deployment Planning for Single Parents
- » Dependent / Child Health Status
- » Information for Guardian / Caregiver
- » Benefits to assist Guardian / Caregivers
- » Emergency Child Care Flyer
- » Attention Parents: Children, Youth, and Teen Programs Flyer
- » Children, Youth, and Teen Programs Flyer
- » Special Power of Attorney and Voluntary Appointment of Guardian

DOCUMENTS TO BE FILED WITH COMMAND:

- » Guardian / Caregiver Affidavit
- » Sample Family Care Plan / Caregiver Affidavit
- » Sample FCP Command Letter for Dual Military
- » Family Care Plan Reference Checklist

IMPORTANT DOCUMENTS

Important documents such as titles, deeds, wills, licenses, powers of attorney, certificates, and insurance policies should be stored in a secure fireproof container. Having all your documents together in a readily accessible place can save time and anxiety. Ensure that a family member is aware of its location in the event of an emergency.

IDENTIFICATION CARDS

The service member should make sure that all eligible family members have current and serviceable (in good condition) ID cards prior to deploying. If the expiration dates are during the deployment period, renew the ID cards prior to deploying. Should a family member's ID card become lost or stolen or expire during the absence of the sponsor, it is the family member's responsibility to contact the service member. The service member will sign a completed application form for a new card (DD 1172), and forward it to the family member. Upon receipt of the application form the family member will take it to the ID Center and have a new ID card issued to them.

Note: DD 1172 is also used to enroll family members in DEERS. Be sure to maintain a copy of the completed form.

FAMILY CARE PLAN ASSISTANCE CHECKLIST

It is important that you have in your possession certain documents and family records should an emergency arise. Gather this information and these documents now. Make sure they are up to date and put them in a special container or a safe place so you know where they are. Use the list below to identify where the information is located in the event your family needs to retrieve it.

IMPORTANT DOCUMENT	LOCATION
Birth Certificates (All Family Members)	
Shot Records (All Family Members)	
Citizenship Papers (if applicable)	
Adoption Papers (if applicable)	
Armed-Forces ID Card (All Family Members)	
Power of Attorney	
Insurance Policies or List (All including Company, policy #, phone #)	
Will	
Social Security Cards	
Marriage License / Divorce Decree	
Car Registration / Title	
State / Federal Tax Records	
Deeds / Mortgages	
Savings Bonds / Stock / Bank Records	
Current / Past LES	

DEPLOYMENT PLANNING FOR SINGLE PARENTS

1. Childcare – plan who will care for your child well in advance of separation
2. Legal Issues – Ask your legal officer what legal documents you will need
3. Documents – Does your child have an ID card?
4. Financial – Develop a written contract with your provider
5. Homecoming – Remember that reunions can be difficult
6. Support Systems – Keep these numbers available for information and referral
7. Family Home Care – information on extended child care: 910-449-9552
8. Marine Corps Family Team Building – 910-451-0176
9. Your Child's School: _____
10. Discipline – recommend acceptable reward, acceptable consequences for behavior
11. Personal Routines – Make suggestions for how your provider might handle potty training, night-time routines, or meal times
12. Comfort Items – Child's special blanket or pictures will be available to him/her
13. Birthdays – Purchase a gift to leave with the provider for the big day
14. Special activities – share several of your special holiday traditions
15. Special activity – Have your provider send a copy of your child's report card
16. House Rules – Negotiate with your provider acceptable bedtime, TV viewing, chores, etc
17. Allowances – Arrange for spending money allowances
18. Religious Observations – What special religious holidays do you observe? Give directions to your provider for your church or synagogue
19. Maintaining Connection – Discuss ways that you can keep in touch.
20. Stress – Discuss how your child handles changes, meeting people, and frustrations
21. Questions – Give your provider suggestions for talking with your child about your absence and your return

DEPENDENT / CHILD HEALTH STATUS

(Complete Information to the Extent Available and Accessible)

Complete by: _____

Date Completed: _____

Date of Update: _____

1. Dependent / Child's Name: _____

2. Medical Doctor: _____

Address: _____

Phone: _____

3. Dentist: _____

Address: _____

Phone: _____

4. Medical History (Describe Specific Conditions)

Allergies:	
Drug Sensitivities:	
Surgery/Hospitalizations:	
Injuries:	
Communicable Diseases:	
Childhood Diseases:	
Present Medical Problems:	
Mental Disorder or Emotional Illness (Specify Diagnosis):	
Glasses Required:	
Hearing Aid Required:	
Medications (List Name and Dose):	

5. Dental Problems: _____

6. Immunizations (Give Dates of Primary and Booster Injections):

	1 st	2 nd	3 rd	4 th	Booster
DPT					
OPV					
MMR					
Hib					
TBC					

* Suggestion: Attach a copy of the child's complete and up-to-date immunization record to the Family Care Plan as well as the hospital or doctor's suggested immunization schedule to ensure that the child receives the needed immunizations while the service member is not available.

Please list any other information and/or instructions regarding the health status of child listed above:

INFORMATION FOR GUARDIAN / CAREGIVER

You have been identified as guardian / caregiver in a United States Marine Corps Family Care Plan for a family member. As an appointed guardian / caregiver, you assume the responsibility of providing food, housing, health care, education, and legal support. Your acceptance of this responsibility is acknowledged on a Certificate of Acceptance as Guardian. The service member should provide you with this document. You will also need a Power of Attorney. The service member will provide a Power of Attorney to you.

Military facilities are available to help you provide this care. You must first obtain a "Command Authorization Letter"; this letter is available at the MILITARY MEMBER'S UNIT. It will permit you to accompany the family member or to use the commissary, exchange, and other services on the installation. To obtain the Command authorization letter, you will need to present the following documentation:

1. Special Power of Attorney for Guardianship
2. Certificate of Acceptance as Guardian
3. Copy of the service member's active duty orders

Family members will need an ID card to use military services and facilities. To get an ID card for the family member, you will need to present the following documents as the ID card section of the military installation:

1. Family member's birth certificate
2. Proof that the service member is on active duty (active duty orders)
3. Special Power of Attorney and Acceptance as Guardian forms

EMERGENCIES

AN EMERGENCY IS: When a member of the Marine or Sailor's immediate family dies and when the return of the service member will help the family welfare of the dying member of his/her immediate family. When a serious illness or accident of the service member's immediate family results in a serious family problem and his/her presence is required to solve the problem.

IN THE EVENT OF AN EMERGENCY, serious injury, or death of a deployed Marine or Sailor, a Casualty Assistance Call Officer will notify you as next of kin. He/She will then assist you in any matters concerning compensation and settlement, and provide any assistance possible on any other matter.

BENEFITS TO ASSIST GUARDIAN / CAREGIVER

WHO IS ELIGIBLE? While the service member(s) are deployed, the appointed guardian / caregiver will be able to utilize military facilities on behalf of the ID card holders. These facilities are available to assist with the guardian / caregiver's responsibility of providing food, clothing, health care, legal support, and recreation.

WHERE MAY BENEFITS BE OBTAINED? Entitlements and benefits may be obtained at any active Marine, Army, Navy, Air Force, or Coast Guard installation. It is recommended that you call or personally visit your military installation to ensure that you have the correct documents and know the correct procedures.

WHAT ARE SOME OF THE BENEFITS? Among the benefits and entitlements are:

- Commissary – a nonprofit supermarket offering the same products as most civilian supermarkets. The products are sold at cost, usually offering substantial savings. There is a 5% surcharge.
- Military Exchange – A department store offering name brand merchandise at the lowest practical cost. Prices in the exchange may be lower than civilian stores and no sales tax is paid.
- Medical Care – To receive medical benefits, the family member must be enrolled in the Defense Enrollment Eligibility Reporting System (DEERS). This is accomplished when the family member is issued an ID card or they may already have been enrolled by the service member when the child was born or adopted. Medical care can be obtained at any uniformed services medical facility or throughout TRICARE. Check with your closest military medical facility to determine eligibility for benefits under TRICARE.
- Dental – Emergency dental care is provided at military dental facilities on a space available basis. Routine dental care is not normally provided. Family members of Reserve Components of Marines and Sailors who have been called to active duty are not eligible for benefits under the active duty family member dental plan, as this requires the service member to serve a minimum of two continuous years.
- Recreational Activities – Each military installation tailors its recreational program to suit their communities' needs. Check with the closest military installation to find out what is available. A variety of services may be available such as a library, gymnasium, craft, hobby shop, movie theatre, youth center, bowling alley, and tennis courts.

ATTENTION PARENTS!

Register for all Child Development Programs aboard Camp Lejeune at the Children, Youth, and Teen (CYT) Programs Administration Office located at LCH 4012, Midway Park, 910-449-9552 or 910-449-9563

What to bring to register your child:

- Child's shot record
- Sponsor's current LES / Pay Stub
- Child's Social Security Number
- ID Card
- Food Stamps, WIC, FDPIR, and TANK / WORK identification numbers
- Power of Attorney if sponsor is deployed
- Family Care Plan, if required (single or dual military)
- Single parents must submit NAVMC10922 (Application for BAQ) or a copy of the data page from the Marine Corps Total Force Systems (MCTFS)

NOTE: Sponsor must sign forms to complete registrations

SPECIAL POWER OF ATTORNEY and VOLUNTARY APPOINTMENT OF GUARDIAN

THIS IS A MILITARY POWER OF ATTORNEY PREPARED PURSUANT TO TITLE 10, UNITED STATES CODE, SECTION 1044B, AND EXECUTED BY A PERSON AUTHORIZED TO RECEIVE LEGAL ASSISTANCE FROM THE MILITARY SERVICES. FEDERAL LAW EXEMPTS THIS POWER OF ATTORNEY FROM ANY REQUIREMENT OF FORM, SUBSTANCE, FORMALITY, OR RECORDING THAT IS PRESCRIBED FOR POWERS OF ATTORNEY UNDER THE LAWS OF A STATE, THE DISTRICT OF COLUMBIA, OR A TERRITORY, COMMONWEALTH, OR POSSESSION OF THE UNITED STATES. FEDERAL LAW SPECIFIES THAT THIS POWER OF ATTORNEY SHALL BE GIVEN THE SAME LEGAL EFFECT AS A POWER OF ATTORNEY PREPARED AND EXECUTED IN ACCORDANCE WITH THE LAWS OF THE JURISDICTION WHERE IT IS PREPARED.

KNOW ALL PERSONS BY THESE PRESENTS:

That I, _____, SSN _____
of the state of _____, do hereby appoint _____
_____ presently of _____,
as my true and lawful attorney-in-fact and as Guardian of my Children to do the
following acts or things in my name and in my children, _____

To do all acts necessary or desirable for maintaining the health, education, and welfare, including the registration and enrollment of my children in educational programs and schools; and to maintain their customary living standards, including, but not limited to, provision of living quarters, food, clothing, medical, surgical, and dental care; entertainment and other customary matters; and, specifically, to approve and authorize any and all medical treatment deemed necessary by a duly licensed physician and to execute any consent, release or waiver of liability required by medical or dental authorities incident to the provision of medical, surgical, or dental care to any of them by qualifies medical personnel; to act in loco parentis to my children, _____

Giving and granting individually unto my said attorney full power and authority to do and perform all and any act, deed, matter and thing whatsoever in and about any of the aforementioned specified particulars as fully and effectually to all intents and purposes as I might and could do in my own person if personally present; and in addition thereto, I do hereby ratify and confirm each of the acts of my aforesaid attorneys lawfully done pursuant to the authority herein above conferred.

I HEREBY GIVE AND GRANT UNTO MY ATTORNEY FULL POWER AND AUTHORITY TO DO AND PERFORM EACH AND EVERY ACT AND MATTER CONCERNING THE SUBJECT OF THIS DOCUMENT AS FULLY AND EFFECTUALLY TO ALL INTENTS AND PURPOSES AS I COULD DO LEGALLY IF I WERE PRESENT.

I HEREBY AUTHORIZE MY ATTORNEY TO INDEMNIFY AND HOLD HARMLESS ANY THIRD PARTY WHO ACCEPTS AND ACT UNDER OR IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

I intend for this to be a DURABLE Power of Attorney. This Power of Attorney will continue to be effective if I become disabled, incapacitated, or incompetent.

Notwithstanding my inclusion of a specific expiration date herein, if on the below specified expiration date, or if at any time immediately preceding that specified expiration date, I should be, or have been, carried in a military status of "missing," "missing in action," or "prisoner of war," then this Power of Attorney shall automatically continue to remain valid and in full effect until 90 days after I have returned to the United States military control following termination of such status. UNLESS OTHERWISE REVOKED OR TERMINATED BY ME.

I direct my attorney-in-fact to seek legal counsel in order to determine the existence of legal requirements, such as required filing or placement or notices, which may affect the validity of this document.

I HEREBY RATIFY ALL THAT MY ATTORNEY SHALL LAWFULLY DO OR CAUSE TO BE DONE TO THIS DOCUMENT.

This Power of Attorney shall become effective when I sign and execute it below. Further, unless sooner revoked or terminated by me, this Power of Attorney shall become NULL and VOID after the _____ day of _____, 2009.

IN WITNESS WHEREOF, I sign, seal, declare, publish, make and constitute this as and for my Power of Attorney in the presence of the Notary Public witnessing it at my request this _____ day of _____, 2009.

SIGNATURE: _____

STATE OF NORTH CAROLINA
COUNTY OF ONSLOW

On this _____ day of _____, 2009, personally appeared before me, the said name _____ to me known an known to me to be the person described in and who executed the foregoing instrument and he/she acknowledged that he/she executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

NOTARY PUBLIC: _____

My commission expires: _____

GUARDIAN / CAREGIVER AFFIDAVIT
Certificate of Acceptance as Guardian or Escort

I, _____, was provided an original Power of Attorney or other legally sufficient authority naming me as guardian / escort for:

Name:

DOB / Age:

FAMILY MEMBERS OF

Name:

SSN:

1, _____, agree to accept responsibility for these members. I have received all necessary documents required to provide financial, medical, education quarters and subsistence support for these family members. I have been briefed on procedures for accessing military / civilian facilities, services, benefits, and entitlements on behalf of these family members.

Typed or printed Name of Guardian

Address (Including zip code)

Signature of Guardian

Date

NOTARY

Notary _____

County _____

State _____

Acknowledged before me the month of _____ day of _____, 20____

Notary Public

Expiration of Commission

SAMPLE LETTERS FOR SERVICE MEMBER'S COMMAND

DUAL MILITARY COUPLE

We, Cpl John Doe and Cpl Jane Doe, parents of Johnny and Sally Doe, have made the following arrangements for the care of our children if we are not available due to absence for military service, duty, or an emergency situation.

1. Mrs. Jean Doe, 123 East Drive; Sacramento, CA 95821; 916-555-1234 is the guardian of our children. She has been given Power of Attorney to care for them and will travel from California to receive them in the event she is needed. Her Care Giver Affidavit is attached to this document.
2. Mrs. Joan Smith, 201 Western Blvd., Jacksonville, NC 28546; 910-555-0011 has been given Power of Attorney to care for our children until Mrs. Jean Doe arrives from California. Mrs. Smith has signed a Care Giver Affidavit, which is attached.
3. Mrs. Doe will travel at her own expense and on her arrival will pay Mrs. Smith \$40.00 for each day that she has cared for our children. We have provided funds for this through a savings account, which Mrs. Doe has access to.
4. Funds required for the financial support of our children will be provided by allotment, to be initiated immediately upon our departure.

Signature

Date

Signature

Date

SINGLE PARENT

I, Sgt John Doe, parent of Jimmy Doe, have made the following arrangements for the care of my child if I am not available due to absence for military service, duty, or an emergency situation.

1. Mrs. Jean Doe, 123 East Drive; Sacramento, CA 95821; 916-555-1234 is the guardian of my son, Jimmy Doe. She has been given Power of Attorney to care for him and will travel from California to receive him in the event she is needed. Her Care Giver Affidavit is attached to this document.
2. Mrs. Joan Smith, 201 Western Blvd., Jacksonville, NC 28546; 910-555-0011 has been given Power of Attorney to care for my son until Mrs. Jean Doe arrives from California. Mrs. Smith has signed a Care Giver Affidavit, which is attached.
3. Mrs. Doe will travel at her own expense and on her arrival will pay Mrs. Smith \$30.00 for each day that she has cared for my son. We have provided funds for this through a savings account, which Mrs. Doe has access to.
4. Funds required for the financial support of my son will be provided by allotment, to be initiated immediately upon my departure.

Signature

Date

FAMILY CARE PLAN QUICK REFERENCE CHECKLIST

_____ 1. I have been counseled on Marine Corps Policy regarding Family Care Plans as established in the MCO 1740.13 series. I understand that I must arrange for dependent care so that I will remain worldwide available as defined, and that I must report for duty as required without dependents.

_____ 2. I understand that failure to provide an adequate family care plan resulting in a non-deployable status for training or contingencies may subject me to disciplinary action and/or separation from the Marine Corps.

_____ 3. I understand that I am subject to deployments on short notice and that I will not be guaranteed special privileges because I have dependents.

_____ 4. I affirm that I have made and will maintain arrangements for the care of my dependents to permit me to be worldwide available during Duty Hours, Extended Duty Hours, Exercises, Unaccompanied Tours, Temporary Additional Duty, Permanent Change of Station and other similar military obligations.

_____ 5. I have made arrangements for the financial support of my dependents. This may include allotments, Powers of Attorney or special bank accounts and access.

_____ 6. I have made logistical arrangements for the transportation of my dependents to their designated caregiver, whether on a daily basis or for contingencies.

_____ 7. I have made arrangements for the medical care of my dependents. This may include access to record/immunization and/or a Special Power of Attorney.

_____ 8. I have made all legal arrangements for the care and support of my dependents to include any arrangements necessary in the event of my death or incapacity. This may include copies of will, insurance policies, and ID Card information and any particular Power of Attorney.

_____ 9. All my dependents are 19 years old and capable of self-care.

Type or Print Name, Rank, and SSN

Signature

Date

DUAL MILITARY COUPLES (Statement of Military Spouse):

I have read my spouse's plan and concur.

Type or Print Name, Rank, and SSN

EMERGENCY CHILD CARE

CHILD CARE FOR MILITARY FAMILIES IN CRISIS

WHAT IS EMERGENCY / RESPITE CARE?

EMERGENCY/RESPITE CARE PROVIDED FOR MILITARY FAMILIES IN CRISIS AT NO COST TO THE FAMILY. With limited immediate family support, such as relatives, there is a real need for emergency care and respite care in the military community. Emergency and respite care is available 24 hours a day, for short periods of time, to meet an immediate child care need. During this period, arrangements can be made for any extended care that is required. Child care services are rendered by Family Child Care (FCC) providers who are authorized to offer in-home care in government quarters. FCC providers meet fire, safety, health, and child care standards set by the FCC Program.

ARE YOU ELIGIBLE?

**All Military families meeting at least one of the below listed criteria are eligible for
Emergency / Respite Care:**

(Please note: If spouse is available or in the area, Respite Care may not be approved.)

***Medical Emergencies**

*Hospitalization or surgery of service member, spouse or child

*Incapacitation of family member

*Birth of second or subsequent child if spouse is not in the area

*Recuperation from illness

*Attendance at counseling services

*Attendance at Marriage Enrichment or Parenting workshops

*Severe emotional pressure diagnosed by a mental health provider

You
Contact



HOW DO YOU APPLY FOR EMERGENCY CARE/RESPITE CARE?

**IF YOU BELIEVE THAT YOU ARE ELIGIBLE,
CONTACT ONE OF THE FOLLOWING:**

- *Unit Family Readiness Officer
- *Battery/Unit Commander
- *Chaplain
- *Naval Hospital Physician/Social Worker
- *New Parent Support Program

THESE
OFFICIALS
WILL
CONTACT



OFFICIALS WILL CONTACT:

CHILDREN, YOUTH, & TEEN PROGRAM

910-449-9552 / 910-449-9563

FAMILY CHILD CARE PROGRAM

910-449-9587 / 910-449-9882

(M-F; 0800-1600)

OR

MCB COMMAND DUTY OFFICER

910-451-2414

(Evening & Weekend Hours)

Other Information
Parent/Guardian Provide:

- *Transportation
- *Comfort items for child (blanket, toy, book, etc)
- *Additional items (Diapers, special formula, clothes, etc.)